

# READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 12 April 2017

## Information to Assist Providers and Suppliers in Meeting the New Training and Testing Requirements of the Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers Final Rule

The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule became effective on November 15, 2016 with an implementation date of November 15, 2017 (a correction notice was published on November 15, 2016 (81 FR 80594) correcting technical, typographical errors and did not alter the effective date). This means that as of November 15, 2017, all affected providers and suppliers must meet all of the applicable requirements of the rule. For additional background information, providers and suppliers may reference policy memorandum SC-17-05 *Information on the Implementation Plans for the Emergency Preparedness Regulation* published, on October 28, 2016.

Many providers and suppliers have asked whether they will be expected to have completed the “exercises” per the training and testing requirements in each standard (d) of the Final Rule, by the implementation date. Because the Final Rule has an implementation date of November 15, 2017, one year following the effective date, providers and suppliers are expected to meet the requirements of the training and testing program by the implementation date.

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*“This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates lessons learned...”*

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*- Federal Register, 9/16/2016*

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Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>



## Examples of Table-Top Exercises (TTX) or Full-Scale Exercises

**Q:** Some providers have asked CMS to provide examples for what exercises facilities should consider.

**A:** The training and exercise requirements of the regulation call for individual-facility and/or full-scale community-based exercises, the below are some examples of exercise considerations:

- Earthquakes
- Tornados
- Hurricane
- Flooding
- Fires
- Cyber Security Attack
- Single-Facility Disaster (power-outage)
- Medical Surge (i.e. community disaster leading to influx of patients)
- Infectious Disease Outbreak
- Active Shooter

While the scenarios is important, the most important thing to consider when developing an exercise is what part of the plan or participant skill is to be tested and evaluated. Identifying those objectives first will make the exercise more successful and beneficial to participants. The scenario that drives to those objectives can be determined later in development.

## 17 Provider Types

There are 17 provider types that are affected by this rule. They are:

- Hospitals
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Long-Term Care Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-State Renal Disease Facilities

## Kansas Health Alert Network

The Kansas Health Alert Network (KS-HAN) is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly.

KS-HAN has the ability to alert registrants by organization, occupation, county, or group through e-mail, work and cell phone, and SMS text.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that your organization's registrants and their contact information are kept updated.

KS-HAN is an invitation-only system. To request an invite code or for technical assistance, e-mail your name, organization, phone number, and employer to the KS-HAN Administrator at [kdhe.kshanadmin@ks.gov](mailto:kdhe.kshanadmin@ks.gov)

You will receive an invite code by e-mail that you will be required to enter, along with your e-mail address, during registration.

## Exercise Requirements and Recommendation

When referring to the standard (d) Training and Testing Program provisions, we are referencing the following requirements under §403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.22(d), §485.68(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d) of the Final Rule.

In order to meet these requirements, we strongly encourage providers and suppliers to seek out and to participate in a full-scale, community-based exercise with their local and/or state emergency agencies and health care coalitions and to have completed a tabletop exercise by the implementation date. We realize that some providers and suppliers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any other requirements of the Final Rule upon their survey, will be cited for non-compliance.

While providers and suppliers are encouraged to partner with local and state emergency agencies and health care coalitions to conduct full-scale community exercises, not all agencies and coalitions will have the ability or resources to engage with all providers and suppliers. Therefore, we understand that a full-scale, community-based exercise may not always be possible for some providers and suppliers. In such cases, we expect those who have been unable to complete a full-scale exercise by November 15, 2017 to complete an individual facility-based exercise and document the circumstances as to why a full-scale, community-based exercise was not completed. The documentation should include what emergency agencies and or health care coalitions the provider or supplier contacted to partner in a full-scale community exercise and the specific reason(s) why a full-scale exercise was not possible.

## Resources

To assist providers and suppliers in meeting the requirements of the new Final Rule, CMS has developed a website that contains various resources such as checklists, links to emergency preparedness agencies, planning templates and many other valuable resources. The information can be found at our website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>. For questions regarding the EP Rule, please contact [SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov).

**Q: Regarding fulfilling the testing needs: Do we indeed to conduct two tests a year? And minimally one of them needs to be a community based test? If an emergency presents itself between November 15, 2017 and December 31, 2017, would that satisfy one testing need? Would that be the community based need? And would that cover us for the period until November 15, 2018 or until the end of the calendar year 2017?**

**A:** Facilities are required to participate in a full-scale exercise that is community-based or when an individual facility-based exercise when a community-based exercise is not accessible AND conduct an additional exercise that may include a second full-scale community or facility-based exercise or a tabletop exercise (as described in the regulations.) So yes, a facility is required to conduct two tests annually. If the facility experienced an emergency and had to activate its emergency plan between November 15, 2017 and December 31, 2017 that would satisfy one of the annual testing requirements and would exempt the facility from engaging in a community or facility based exercise for one year following the date of the actual emergency event. The “annual” testing requirement will not be measured on a calendar year basis which is January 1 through December 31. The annual requirement will be measured from the date of the last actual emergency event or the date the exercise/ testing took place.

**Q: If we choose to conduct a functional versus a community based test of the plan, what kind of justification do we have to provide on why we chose one over the other? Do we have to demonstrate that we tested our coordination with referrers and hospitals and community providers under a functional assessment?**

**A:** We are not specifying the format of documentation to allow for flexibility. However, we would encourage facilities who chose a functional versus community based test to show why this approach was more favorable- i.e. community based testing is not available due to the rural area/geographic location of the facilities.

### **Kansas Exercise Resources**

Kansas Division of Emergency Management Exercise  
<http://www.kansastag.gov/KDEM.asp?PageID=193>

Kansas Department of Health & Environment Exercise  
<http://www.kdhe-exercises.org/Operations-BasedExercises.htm>  
<http://www.kdhe-exercises.org/Discussion-BasedExercises.htm>

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